



12800 Townsend Road
 Philadelphia, PA 19154-1003
 (215) 934-3500 in Philadelphia
 (800) 832-PFCU in other areas
 (215) 934-4000 TDD

MASTER APPLICATION - MUST BE COMPLETED IN INK

NOTICE TO MARRIED APPLICANTS: YOU HAVE THE RIGHT TO APPLY FOR A SEPARATE ACCOUNT IN YOUR NAME.

To Expedite your loan, please call 1-800-832-PFCU or visit our website at www.PFCU.com.

CHECK TYPE OF CREDIT REQUESTED

Individual Credit: Complete sections **A, B, D, E and F** if only the applicant's income is considered for loan approval. Complete sections **A, B, C, D, E and F** (1) if you are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, or; (2) if you reside in a Community Property State, or; (3) if you are relying on property located in a Community Property State as a basis for repayment of the credit requested. Community Property States include: AK, AZ, CA, ID, LA, NM, NV, TX, WA, and WI.

Joint Credit: Complete sections **A, B, C, D, E and F** if your co-applicant will be contractually liable for repayment of the loan and initial below:
 We intend to apply for joint credit. _____ (Applicant Initials) _____ (Co-Applicant Initials)

Account (Including ATM/Debit Card access to the account if available)

Individual Credit	Joint Credit	INITIAL ADVANCE AMOUNT REQUESTED	LIMIT REQUESTED
Secured Advance		_____	_____
Signature Advance		_____	_____
PFCU Line of Credit		_____	_____

I/WE WOULD LIKE A LOAN OF _____	FOR THE FOLLOWING PURPOSE _____	SECURITY OFFERED _____	ACCOUNT NUMBER _____
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A. APPLICANT'S PERSONAL INFORMATION

CHECK ONE IF YOU RESIDE IN OR RELYING ON PROPERTY IN A COMMUNITY PROPERTY STATE OR IF YOU ARE APPLYING FOR OTHER THAN INDIVIDUAL UNSECURED CREDIT.		NAME (First, Middle Initial, Last)	DATE OF BIRTH	SOCIAL SECURITY NO.
PRESENT ADDRESS (Street, City, State, Zip)		HOW LONG?	HOME PHONE NUMBER	
PREVIOUS ADDRESS (If present address less than two years) (Street, City, State, Zip)			DRIVER'S LICENSE NO. AND STATE	

B. INFORMATION REGARDING APPLICANT

PRESENT EMPLOYER	EMPLOYER'S ADDRESS (City, State, Zip)	EMPLOYMENT LENGTH
OCCUPATION	WORK PHONE AND EXT.	GROSS MONTHLY INCOME
PREVIOUS EMPLOYER (If less than 2 years)	ADDRESS (Street, City, State, Zip)	HOW LONG?
REAL ESTATE OWNED AND ADDRESS (include home)	APPROXIMATE VALUE	DATE PURCHASED
OTHER INCOME NOTICE: Do not list alimony, child support or separate maintenance payments unless you wish them considered as a basis for repayment of the credit requested. If listed, verification may be required.	SOURCE OF OTHER INCOME	AMOUNT
		TOTAL MONTHLY INCOME

C. INFORMATION REGARDING CO-APPLICANT CO-SIGNER

NAME (First, Middle Initial, Last)	DATE OF BIRTH	DRIVER'S LICENSE NO. AND STATE	SOCIAL SECURITY NO.
STREET ADDRESS (Street, City, State, Zip)	HOME PHONE NUMBER	OCCUPATION	MONTHLY GROSS PAY
PRESENT EMPLOYER'S NAME AND ADDRESS (City, State, Zip)	EMPLOYMENT LENGTH	WORK PHONE AND EXT.	
OTHER INCOME NOTICE: Do not list alimony, child support or separate maintenance payments unless you wish them considered as a basis for repayment of the credit requested. If listed, verification may be required.	SOURCE OF OTHER INCOME	AMOUNT	TOTAL MONTHLY INCOME

D. LIST ALL EXISTING DEBTS OF APPLICANT (AND CO-APPLICANT OR NON-APPLICANT SPOUSE IF ANY PART OF SECTION C IS APPLICABLE)

NAME AND ADDRESS OF CREDITOR	PURPOSE OR ACCT. #	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT

DO NOT OMIT ANY DEBTS! IF MORE SPACE IS NEEDED, USE SEPARATE SHEET. INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

If you answer "yes" to any of these questions, provide details on page 2.	ARE ANY OF YOUR DEBTS PAST DUE?	YES	HAVE YOU EVER HAD YOUR AUTO, FURNITURE OR PROPERTY REPOSSESSED?	YES	HAVE YOU OR YOUR CO-APPLICANT EVER DECLARED BANKRUPTCY?	YES	ARE YOU CURRENTLY A CO-MAKER ON A LOAN?	YES
		NO		NO		NO		NO

CONTINUE APPLICATION ON REVERSE SIDE - SIGN THE REVERSE SIDE OF THE APPLICATION BEFORE SUBMITTING

E. FINANCIAL INFORMATION AND REFERENCES

BANK NAME	TYPE OF ACCOUNT CHECKING SAVINGS CD'S	BANK NAME	TYPE OF ACCOUNT CHECKING SAVINGS CD'S
NAME OF RELATIVE NOT LIVING WITH YOU	NAME (Last, First, Initial)	PHONE NUMBER	RELATIONSHIP
PERSONAL REFERENCE NOT RELATED TO APPLICANT	NAME (Last, First, Initial)	PHONE NUMBER	

F. INSURANCE APPLICATION

I (we) are applying for the credit insurance coverage(s) selected below and agree to pay the required premium. I (we) understand that fees may be paid by the insurer in connection with this coverage to the Creditor. I (we) understand that the purchase of this insurance is **voluntary and not required** in order to obtain credit, and that I (we) may terminate it at any time. I (we) understand that if joint life insurance is selected, we must be jointly and individually liable under the loan, and that co-signers and guarantors are not eligible for insurance.

The following questions, 1 and 2, must be answered to determine my (our) eligibility for insurance:

- | | | |
|--|--|--|
| APPLICANT | CO-APPLICANT | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | 1. (Applicable to life insurance coverage only) Are you under age 66 on this date? |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | 2. (Applicable to disability coverage only) Are you under age 66 on this date AND are you presently working outside your home for wages or profit for 30 hours or more per week and have been so working for 30 days or more before this date? |

In addition, if your loan exceeds \$1.00 the following question must also be answered in order to determine eligibility.

- | | | |
|--|--|--|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO | 3. During the last five years, have you been medically advised or treated for: cancer, heart attack or coronary artery disease, stroke, or disability for required income deficiency (your net FDS)? |
|--|--|--|

THIS HEALTH QUESTION IS WAIVED

My (our) answers to the above questions are true to the best of my (our) knowledge and belief. If my co-applicant or I answer "No" to questions 1 or 2, we understand that that person is not eligible for insurance and will not be insured. If my co-applicant or I answer "Yes" to question 3, we understand that we are eligible for insurance up to an amount not exceeding \$1.00.

The effective date of my (our) insurance will be the date of this application.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Do not sign this application if any applicable spaces are blank. This application will not be used in a contest if all applicable blank spaces have not been completed, the debtor has not signed and dated the application and if the application has not been witnessed.

COVERAGE REQUESTED (*MONTHLY PREMIUM PER \$100.00 OF OUTSTANDING LOAN BALANCE.)

Yes	No	Single Life	\$.070*	Yes	No	Joint Life	\$.123*	Yes	No	Credit Disability	SEE BELOW
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APPLICANT'S SIGNATURE <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; align-items: center; justify-content: center;">X</div>	DATE	CO-APPLICANT'S SIGNATURE (Joint Life Only) <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; align-items: center; justify-content: center;">X</div>	DATE
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No. of Equal Monthly Installments	Monthly Premium Rate*	No. of Equal Monthly Installments	Monthly Premium Rate*	No. of Equal Monthly Installments	Monthly Premium Rate*	No. of Equal Monthly Installments	Monthly Premium Rate*	No. of Equal Monthly Installments	Monthly Premium Rate*
4	\$.324	24	\$.231	44	\$.162	64	\$.131	88	\$.113
8	\$.335	28	\$.211	48	\$.154	68	\$.128	96	\$.108
12	\$.322	32	\$.196	52	\$.148	72	\$.124	104	\$.103
16	\$.284	36	\$.182	56	\$.143	76	\$.120	112	\$.099
20	\$.255	40	\$.171	60	\$.136	80	\$.118	120	\$.097

MHC-98-4567.37

LOAN APPLICATION SIGNATURES

PLEASE READ BEFORE SIGNING:

All the information in this application is true. I understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application. You have my permission to check it. You may retain this application even if not approved. I understand that you may receive information from others about my credit and you may answer questions and requests from others seeking credit or experience information about me or my accounts with you. If this application is approved, I agree to honor the provisions of the credit or loan agreement and security agreement covering my account or loan. (If this application is for two of us, this statement applies to both of us.)

IMPORTANT NOTICE ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for me: When I open an account, you will ask for my name, address, date of birth, and other information that will allow you to identify me. You may also ask to see my driver's license or other identifying information.

SIGNATURE OF APPLICANT <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; align-items: center; justify-content: center;">X</div>	DATE	SIGNATURE OF CO-APPLICANT <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; align-items: center; justify-content: center;">X</div>	DATE
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HAVE YOU OMITTED ANYTHING? REMEMBER: INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

ADDITIONAL COMMENTS

FOR CREDIT UNION USE ONLY

LOAN OFFICER:	APPROVED	REJECTED	REFERRED TO CREDIT COMMITTEE
ECOA NOTICE SENT OR DELIVERED ON	BY		